

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PAYMENT FORM AND APPLICATION FOR 7 MONTH EXTENSION OF TIME TO FILE BUSINESS TAX RETURN

ENT ON-LINE ACCESS E-FILE AT

TO MAKE YOUR PAYMENT ON-LINE ACCESS E-FILE AT www.nh.gov/revenue

INSTRUCTIONS

AUTOMATIC EXTENSION

If you pay 100% of the Business Enterprise Tax and Business Profits Tax determined to be due, by the due date of the tax you will be granted an automatic 7-month extension to file your New Hampshire returns WITHOUT filing this form. If you meet this requirement, you may file your New Hampshire Business Enterprise Tax and Business Profits Tax return up to 7 months beyond the original due date. Note that an extension of time to file your returns is not an extension of time to pay the tax.

WHO MUST FILE

If you need to make an additional payment in order to have paid 100% of the tax determined to be due, you may e-file your payment or you may submit this form with payment or make an electronic payment by the original due date in order to be granted an extension of time to file your return. **Do not file if the total due is zero**.

E-FILE

Make 100% of your tax payment on-line and you will not have to file this form. Access our web site at www.nh.gov/revenue.

WHEN TO FILE

This form must be postmarked on or before the original due date of the return. Electronic payments must be made before midnight of the due date of the return.

WHERE TO FILE

NH DRA (New Hampshire Department of Revenue Administration), PO Box 637, Concord, NH 03302-0637.

REASONS FOR DENIAL

Applications for extension will be denied for reasons such as, but not limited to, the application was postmarked **after** the due date or the payment for 100% of the balance due shown on Line 5 below did not accompany this application or was not received electronically by the due date of the return.

NEED HELP?

Call Central Taxpayer Services at (603) 271-2191. Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964

PRINT OR	TYPE LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
100% OF PAYMENT	IS	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
BEFORE DUE DATE	THE CORPORATE, PARTNERSHIP, ESTATE, TRUST, NON-PROFIT OF	CORPORATE, PARTNERSHIP, ESTATE, TRUST, NON-PROFIT OR LLC NAME	
IIIE IAX	NUMBER & STREET ADDRESS		DEPARTMENT IDENTIFICATION NUMBER
	ADDRESS (Continued)		If required to use DIN, DO NOT enter SSN or FEIN
	CITY/TOWN, STATE & ZIP CODE		PRINCIPAL BUSINESS ACTIVITY CODE (Federal)
For the CALENDAR year 2008 or other taxable period beginning and ending Mo_Day_Year Mo_Day_Year			
ENTITY TYPE Check one of the following:			
1 Proprietorship 2 Corporation/Combined Group 3 Partnership 4 Fiduciary 5 Non-Profit Organization			
TAX PAYMENT SCHEDULE. DO NOT FILE THIS FORM IF LINE 5 IS ZERO.			
1 E	nter 100% of the Business Enterprise Tax determined to be	due (net of credit)1	
2 E	Enter 100% of the Business Profits Tax determined to be due (net of credit)		
3 S	ubtotal (Line 1 plus Line 2)	3	
4 LI	LESS: Credit carried over from prior year and Total Advance Payments4		
5 B	BALANCE DUE: (If negative or zero, do not file this application)		

FOR DRA USE ONLY

MAKE CHECK PAYABLE TO: STATE OF NEW HAMPSHIRE. ENCLOSE BUT DO NOT STAPLE OR TAPE YOUR PAYMENT TO THIS EXTENSION.

MAIL PO BOX 637 TO: CONCORD NH 03302-0637